



State of Washington  
Application for a Water Right



For Ecology Use  
CK #1070  
Fee Paid 18.00  
Date 3/10/00  
JMM

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name John and Janet Crossland Home Tel: ( ) -  
Mailing Address PO Box 393 Work Tel: ( 509 ) 422 - 8466  
City Malott State WA Zip+4 98829 + 0393 FAX: ( ) -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name James D. King & Associates, Inc. Home Tel: ( ) -  
Mailing Address PO Box 1017 Work Tel: ( 509 ) 422 - 1808  
City Okanogan State WA Zip+4 98840 + 1017 FAX: ( 509 ) 422 - 2809  
Relationship to applicant agent

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 3716 1800 SEE LATER 10 APR 2000 (☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)  
of irrigation and stockwater. ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient. See Attachment A  
Estimate a maximum annual quantity to be used in acre-foot per year: 1507 750 acre feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>up to 3</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): unknown at this time

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

Not known at this time.  
See Exhibit A

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
#1 NW	NE	20	32	25 E	Okanogan			
#2 NE	SE	29	32	25 E	Okanogan			
#3 SE	NE	32	32	25 E	Okanogan			

For Ecology Use Date Received: MAR 10, 2000 Priority Date: MAR 10, 2000

SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_

Date Accepted As Complete MAR 17, 2000 By PMK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 49

## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)  
Proposed system will be designed to deliver water to land for purposes of forage production which may include hay, pasture, grain, corn; and to provide stock water. Pumps will be electric submersible\* type of sizes to match well capacity and water delivery needs. Delivery may be by hand lines, wheel lines, or center pivot or sprinkler lines. Stock water may be delivered by buried PVC line(s).
- \* or turbine
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 370 180
- B. List total number of acres for other specified agricultural uses:  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: 370
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no.: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals 1600 max. Animal Type beef cattle (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking X

APPLICATION

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

not anticipated

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Okanogan, travel south on US 97. Subject property begins at about 9.5 miles and is located on the east side of the highway. Applicant's residence lies in the SW $\frac{1}{4}$ SW $\frac{1}{4}$  of Section 28.

See Exhibit B

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See Exhibits A and B

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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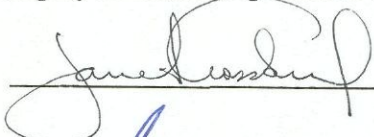
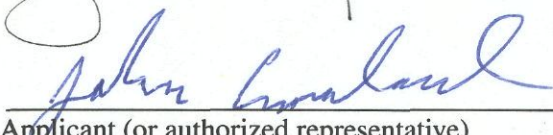
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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

  
  
Applicant (or authorized representative)

3-8-2000

Date

3-8-00

Same  
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:   	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).